



State of Utah

Michael O. Leavitt
Governor

Rod L. Betit
Executive Director

Iona M. Thraen
Division Director

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BUREAU OF EMERGENCY MEDICAL SERVICES

288 North 1460 West

P.O. Box 142004

Salt Lake City, Utah 84114-2004

Telephone: (801) 538-6435

Fax: (801) 538-6808

DIVISION OF HEALTH
SYSTEMS IMPROVEMENT

The Utah Department of Health, Bureau of Emergency Medical Services has been awarded a Rural Access to Emergency Devices federal grant for Automatic External Defibrillators.

Grants are available to rural counties in the state as defined by the federal program; this means 25 of 29 counties are eligible. Those counties not eligible are Weber, Davis, Salt Lake, and Utah Counties.

The Bureau of EMS has created an application process for this program. Applications and/or information are available from members of the coalition partnership formed for this program; i.e., the Utah Sheriffs Association members (local sheriffs), the Utah Fire Chiefs Association members (local fire chiefs), and the Bureau of Emergency Medical Services.

A priority system has been established to determine applicant eligibility. The priorities are:

1. EMS first responders without AEDs.;
2. EMS first responders with AEDs greater than five years old and little or no replacement support;
3. Public safety entities not designated as first responders;
4. Public or community buildings or gathering places (public access defib).

A sustainability plan and a Memorandum of Agreement (MOA) between recipients and the Bureau of EMS are required for participation in this project. Questions can be directed to the Utah Department of Health, Bureau of Emergency Medical Services, P. O. Box 142004, Salt Lake City, Utah 84114-2004 or calling (801) 538-6295 or 1-800-284-1131. Applications must be received in the EMS Office before 5:00 p.m. on January 20, 2003. Applications received after this date will not be considered. Eligible applications will be reviewed, and award decisions will be based on the priority system and the justification narrative contained within the application.

The goals of the program are to place AEDs in the community, increase community awareness, knowledge and access. The project will place, ensure training, and track the use of these AEDs.

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DIVISION OF HEALTH SYSTEMS IMPROVEMENT

Applying for an AED placement in Your Community

Here is what we will need from you:

1. Name of Agency/Entity

- Provide the full and correct name of your agency/business
- If you are a pre-hospital agency, provide your agency number

2. Phone

- Provide the current telephone number for your agency/business

3. Name of Responsible Person

- This is the contact person who will be responsible for placing the AED, and training coordination.

4. Phone

- Provide a telephone number to contact your responsible person

5. Mailing Address

- Provide the current mailing address of your agency/business. If your mailing address is different than the physical placement address, please indicate the placement address in section 9 of this application.

6. Status of Recipient

- Indicate which describes your agency/business. If your agency/business is not listed check other and describe in the section provided.

7. Current AED

- Is there currently an AED placed within your agency/business. If so please indicate Y or N and tell us the type and age of the machine.

8. Description of need

- Please describe fully the need to place an AED at your agency/business. Be very descriptive. Examples: high response rate to cardiac calls, high senior population, large group gatherings etc..

9. Where will the AED be placed

- Describe completely where the AED will be placed. Describe the physical address of placement if different from the agency/business mailing address. Describe the location within the building or vehicle ie: hallway, wall, drawer, cabinet, closet etc..

10. Signature

- By signing this application you are indicating that you have read and fully understand all of the terms and requirements of this grant and the expectations of placement.

Utah Emergency Medical Service Grants Program

Bureau of Emergency Medical Services

Utah Department of Health

Application for AED placement

Completed applications must be received by January 15, 2003

Mail to: BEMS, attn: Don Wood, PO Box 142004, Salt Lake City, Utah 84114-2004

1. Name of Agency/Entity:		2. Phone:	
3. Name of Responsible Person:		4. Phone:	
5. Mailing Address:			
City:		Zip:	County:
6. Status of Recipient:			
<input type="checkbox"/> Medical Provider		<input type="checkbox"/> Fire Agency	
<input type="checkbox"/> Pre hospital agency		<input type="checkbox"/> Dispatch Agency	
<input type="checkbox"/> Law Enforcement agency		<input type="checkbox"/> Public Business/Other	
<hr/>			
<hr/>			
7. Current AED: Y N Type: Age:			
8. Description of need:			
9. Where will the AED be placed:			
10. As a recipient of an AED provided by the Federal Access to Emergency Devices Grant Program through the Utah State Bureau of Emergency Medical Services I agree to fulfill the requirements of the grant and to adhere to the laws and rules of the State of Utah.			
Signature of Responsible Person		Date	
<hr/>			
Printed Name			
<hr/>			
11. Attachment: Memorandum of Agreement			
12. Attachment: Sustainability plan			



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**DIVISION OF HEALTH
SYSTEMS IMPROVEMENT**

**BUREAU OF EMERGENCY
MEDICAL SERVICES**

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MEMORANDUM OF AGREEMENT

This agreement is made and entered into by and between the Utah Department of Health, Division of Health Systems Improvement, Bureau of Emergency Medical Services hereinafter called the DEPARTMENT, and (name) _____ hereinafter called the PROVIDER.

AGREEMENT PERIOD

This agreement shall be in effect for a time period of five years or until either the Department or the Provider agrees to terminate this relationship. This agreement may be terminated after a written notification is sent to either party at least 30 days in advance of the termination.

AGREEMENT

1) The Provider agrees to:

- a) Develop a plan of how the AED will be monitored to ensure the battery is in good working condition, the self checks show no faults, and any periodic maintenance required by the manufacturer will be accomplished.
- b) Report any usage of the AED through a Department-approved reporting system, which includes required data elements.
- c) Install the AED in a location that is known by qualified providers and can be accessed by the providers without delay.
- d) Designate a person who is responsible to comply with all the provision of this agreement.
- e) Replace the AED if lost, stolen, or damaged beyond repair, for reasons of gross negligence on part of the Provider.
- f) Purchase the replacement for the battery, electrodes, and pads when either is used or they become expired.
- g) Hold the Department harmless from liability arising from any use or misuse of the AED. However, this does not constitute a waiver of immunity under the Utah Government Immunity Act, Title 63, Chapter 30, UT.CODE.
- h) Provide a sustainability plan for the provision of AED after the five-year period.

2) The Department agrees to:

- a) Provide the AED to the Provider at no cost.
- b) Coordinate the training for CPR and AED usage if identified as public access or public safety defibrillator in the priority recognition. Provide a one-time training as part of the grant.

TERMINATION OF THE AGREEMENT

IT IS AGREED THAT any alteration, variations, modifications, or waivers of the provisions of this agreement will be valid only when reduced to writing and approved by the DEPARTMENT.

THIS AGREEMENT may be canceled, and all grant activities halted, by the DEPARTMENT, at any time, for unsatisfactory performance of the terms and conditions of this agreement.

Utah Department of Health
Bureau of Emergency Medical Services

PROVIDER

Date _____

Date _____